

**Application**  
**For An Automatic Vending Machine Licence**  
**In the**  
**Cape Breton Regional Municipality**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_

Location of Machine \_\_\_\_\_

Location Within a Building \_\_\_\_\_

Type of Automatic Vending Machine \_\_\_\_\_

Number of Machines \_\_\_\_\_

Serial Number of Machine \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application \_\_\_\_\_

**\*If applicant has more than one Automatic Vending Machine in various locations, please attach an Addendum (List) with this completed application form.**